

**U.S. Department of Justice
United States Marshals Service**

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CR-04-30032-MAP
DEFENDANT FRANCIS G. KEOUGH, III, et al.,	TYPE OF PROCESS: Preliminary Order of Forfeiture
SERVE AT	<p>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN:</p> <p>59 Oyster Road, Charlestown, Rhode Island</p> <p>ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)</p> <p>1000 5th St. 13 P 2:52</p> <p>NOW 11 AM</p> <p>U.S. MARSHAL BOSTON 1000 5th St. 13 P 2:52</p>

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285	<input checked="" type="checkbox"/>	✓
Number of parties to be served in this case	<input checked="" type="checkbox"/>	✓
Check for service on U.S.A.	<input checked="" type="checkbox"/>	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service*)

Please serve the above-referenced Property by POSTING and WALKING in accordance with the attached Preliminary Order of Forfeiture.

CATS No. 08-FBI-000033

JLJ xt 3297

Signature of Attorney or other Originator requesting service on behalf of : PLAINTIFF
 DEFENDANT TELEPHONE NUMBER (617) 748-3100 DATE November 1, 2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. <u> </u>	No. <u>35</u>	No. <u>70</u>	<i>Wayne J. King</i>	<u>11/16/07</u>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (*If not shown above*). A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above) _____ Date of Service _____ Time _____
11/20/07 12:30 am
pm

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
	90 miles					

REMARKS:

1 Dusm / 1 End / 90 miles Round trip) 4 hours